

**Application Data Sheet****Application Information**

Application Number::

Filing Date::

Application Type::

**US National Phase**

Subject Matter::

**Utility**

Suggested Classification::

Suggested Group Art Unit::

Title::

**ELECTRONIC SUBSTRATE FOR A THREE-  
DIMENSIONAL ELECTRONIC MODULE**

Attorney Docket Number::

**4590-380**

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

**4**

Total Drawing Sheets::

**3****Applicant Information**

Applicant Authority Type::

**Inventor**

Primary Citizenship Country::

**France**

Status::

Given Name::

**Claude**

Middle Name::

Family Name::

**SARNO**

Name Suffix::

City of Residence::

**Etoile S/Rhone**

State or Province of Residence::

Country of Residence::

**France**

Street of Mailing Address::

**Quartier les Peilles**

City of Mailing Address::

**Etoile S/Rhone**

Postal or Zip Code::

**26800**

Applicant Authority Type:: **Inventor**  
 Primary Citizenship Country:: **France**  
 Status::  
 Given Name:: **Jean-Luc**  
 Middle Name::  
 Family Name:: **DURAND**  
 Name Suffix::  
 City of Residence:: **Valence**  
 State or Province of Residence::  
 Country of Residence:: **France**  
 Street of Mailing Address:: **10, Allée Fernand Léger**  
 City of Mailing Address:: **Valence**  
 Postal or Zip Code:: **26000**

Applicant Authority Type::	<b>Inventor</b>
Primary Citizenship Country::	<b>France</b>
Status::	
Given Name::	<b>Christophe</b>
Middle Name::	
Family Name::	<b>JARNIAS</b>
Name Suffix::	
City of Residence::	<b>Valence</b>
State or Province of Residence::	
Country of Residence::	<b>France</b>
Street of Mailing Address::	<b>25 B, rue de la Loire</b>
City of Mailing Address::	<b>Valence</b>
Postal or Zip Code::	<b>26000</b>

### **Correspondence Information**

Correspondence Customer No:: **33308**  
Phone Number:: **(703) 684-1111**  
Fax Number:: **(703) 518-5499**  
E-Mail Address::

### **Representative Information**

Representative Customer Number::  
**Representative Designation:: Registration Number:: Representative Name::**  
*Primary or Associate*

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
<b>FR</b>	<b>02/12681</b>	<b>October 11, 2002</b>	<b>Yes</b>
	<b>PCT/FR2003/002999</b>	<b>October 10, 2003</b>	<b>Yes</b>

### **Assignee Information**

Assignee Name:: **THALES**  
Street of Mailing Address:: **45, rue de Villiers**  
City of Mailing Address:: **Neuilly Sur Seine**  
State of Mailing Address::  
Country of Mailing Address:: **France**  
Postal or Zip Code:: **92526**